

Utah AIDS Foundation

1408 S 1100 E Salt Lake City, UT 84105 Voice: 801/487-2323 FAX: 801/486-3978

Fundamentals of HIV Prevention Counseling - Training Application

CONTACT INFORMATION

Applicant name _____

Mailing address _____

City _____ State ZIP

Email _____ @ _____ . _____

Daytime phone number - -

FAX - -

Agency affiliation _____

COURSE DESCRIPTION

The Fundamentals of HIV Prevention Counseling is a 20 hour course that provides information about HIV/AIDS, STD's, Hepatitis A, B & C, risk reduction and prevention, HIV testing technology & accuracy, the basics of client centered counseling skills, and multiple role play sessions to practice these skills.

After completion the participant should be able to conduct a pre-test HIV risk assessment counseling session and post-test HIV negative counseling session.

COURSE INFORMATION

Title Fundamentals of HIV Prevention Counseling

Schedule ☐ March ☐ August
22nd & 23rd 5:30 to 9:00 PM 9th & 10th 5:30 to 9:00 PM
24th 1:00 to 9:00 PM 11th 10:00 AM to 6:00 PM
☐ May ☐ November
10th & 11th 5:30 to 9:00 PM 15th & 16th 5:30 to 9:00 PM
12th 10:00 AM to 6:00 PM 17th 1:00 to 9:00 PM

Application FAX or e-mail to, ATTN: Meghan Balough
801/486-3978 or Meghan@utahaids.org

Training Location Utah AIDS Foundation
1408 South 1100 East
Salt Lake City, UT 84105

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LETTER OF INTENT (please describe where and how you will apply the skills learned in this course)

AGENCY AUTHORIZATION

We authorize the person listed above to make application and if accepted, to attend the the Fundamentals of HIV Prevention Counseling course.

Signature _____ Date _____

Name & Title _____

APPLICANT CONSENT

Class may be cancelled at the discretion of the instructor. A reasonable effort will be made to provide notification to each confirmed participant.

Class will begin promptly each day at the designated hour.

Applicants must attend all three days to receive their certification.

Applicants will be responsible for all expenses incurred during the training, which may include but are not limited to: travel, training time, and hotel and meal expenses.

My signature indicates that I understand and will abide by these guidelines.

Signature _____ Date _____